

Crowism, social injustice, segregation, and discrimination. However, our strong faith and belief in the promise of America has enabled us to persevere in the face of adversity.

In all areas of life, African Americans have made an important contribution. In music, from jazz to hip-hop, African Americans continue to have a strong influence upon our nation's musical heritage. From Langston Hughes and Richard Wright, to Maya Angelou and Toni Morrison, African Americans have enriched this country's literary heritage. We have excelled in film, sports, and business and continue to sow into the life of this nation.

African American scientists, inventors, educators, and physicians, such as Dr. Charles Drew and Dr. Ben Carson to name a few, have and continue to enrich the daily lives of all Americans—from developing blood transfusion and blood bank procedures to learning the path of the mind to perform delicate brain surgery. Inventors, such as Garrett Morris and Granville T. Woods to name just a few, have developed everything from the spotlight and gas mask to critical railway switching technology.

Additionally, we have proudly served our nation with distinction in every war—from the Revolutionary War to today in Operation Iraqi Freedom. The struggle for freedom, equality, and civil rights has always been a struggle for the full realization of true democracy in America. Our legacy is firmly ingrained in the very fabric of this democracy. However, in spite of our triumphs and accomplishments, there does not exist a national museum located in Washington D.C. on or near the National Mall dedicated to the documentation of African American history. This bill creates such a museum.

The National Museum of African American History and Culture would properly collect, preserve, exhibit, and honor, on a national level, the period of slavery, Reconstruction, the Harlem Renaissance, and other periods associated with African American life, art, history, and culture. Not only will this national repository of the Black experience in America be viewed by millions of tourists who flock to the nation's capital each year, but will be accessible to students and scholars alike. It will also demonstrate to our youth that they can take pride in their rich cultural heritage.

Mr. Speaker, I urge my colleagues to lend their support to this important piece of legislation. I would just like to take this opportunity to thank my distinguished colleague, Representative JOHN LEWIS, for his tireless dedication and leadership. Mr. LEWIS has committed more than 10 years of his life to the vision of a national monument celebrating the legacy of African Americans on the national mall. We are now on the verge of making that dream a reality. Please support this bipartisan bill.

I also extend my sincere appreciation to Representatives JACK KINGSTON and ROGER WICKER, and Senators SAM BROWBACK and CHRISTOPHER DODD for their leadership.

Mr. NEY. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. PEARCE). The question is on the motion offered by the gentleman from Ohio (Mr. NEY) that the House suspend the rules and pass the bill, H.R. 3491.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of

those present have voted in the affirmative.

Mr. LEWIS of Georgia. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

GENERAL LEAVE

Mr. NEY. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 3491.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Ohio?

There was no objection.

MOTION TO INSTRUCT CONFEREES ON H.R. 1, MEDICARE PRESCRIPTION DRUG AND MODERNIZATION ACT OF 2003

Ms. BERKLEY. Mr. Speaker, I offer a motion to instruct.

The SPEAKER pro tempore. The Clerk will report the motion.

The Clerk read as follows:

Ms. BERKLEY moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the Senate amendment to the bill H.R. 1 be instructed as follows:

(1) To reject the provisions of subtitle C of title II of the House bill.

(2) To reject the provisions of section 231 of the Senate amendment.

(3) Within the scope of conference, to increase payments for physician services by an amount equal to the amount of savings attributable to the rejection of the aforementioned provisions.

(4) To insist upon section 601 of the House bill.

Ms. BERKLEY (during the reading). Mr. Speaker, I ask unanimous consent that the motion to instruct be considered as read and printed in the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Nevada?

There was no objection.

The SPEAKER pro tempore. Pursuant to clause 7 of rule XXII, the gentleman from Nevada (Ms. BERKLEY) and the gentlewoman from New Mexico (Mrs. WILSON) each will control 30 minutes.

The Chair recognizes the gentleman from Nevada (Ms. BERKLEY).

GENERAL LEAVE

Ms. BERKLEY. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on this motion to instruct.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Nevada?

There was no objection.

Ms. BERKLEY. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise to offer a motion to instruct the conferees on the Medi-

care Prescription Drug Bill to provide a much needed payment update to physicians for the next 2 years.

I represent Las Vegas, which is home to the fastest growing seniors population in the United States. In my community, we are facing a health care crisis. The rapid growth of southern Nevada has put a strain on the health care system, and many doctors face a tough choice when it comes to treating Medicare patients because reimbursements are not keeping up with the costs of practicing medicine. In addition to staffing costs and utilities and rent, malpractice insurance for doctors in my community has skyrocketed anywhere from 150 to 400 percent.

We rely on our doctors to treat more than 150,000 seniors under the local Medicare system; but with the cost of doing business so high and the demands for their services at a premium, in many instances our doctors cannot afford to see new Medicare patients. We used to talk about the quality of health care, but the situation is becoming so bad that we are no longer talking about the level of treatment the patient receives, but whether or not they will receive any treatment at all.

My community is struggling to attract enough medical professionals to address the health care needs of our ever-expanding population. But how can we expect more doctors to see more Medicare patients if we continue to cut payments to doctors under Medicare? If we do not act soon, there will be another 4.5 percent reduction in reimbursements to physicians who are treating those who depend on their physicians' care the most, our seniors.

If we allow this to happen, the result will be a loss of \$17 million in payments to physicians in my State of Nevada alone. The time is long past due that we increase these payments which have limited medical providers from expanding the number of patients receiving care. I have heard from doctors in Las Vegas who say they want to treat Medicare patients, but they are being forced to choose between taking on new Medicare patients or keeping the lights on in their offices and their practices solvent.

According to the AMA, since 1991 the cost of practicing medicine has gone up by more than 33 percent, but payments have grown less than 10 percent. For years doctors have provided important tests for seniors for cholesterol, depression, blood pressure, vision, and hearing impairment without any reimbursements from Medicare.

Medicare reimbursements for primary care are inadequate, and in January they will be too low for many doctors to continue to serve Medicare patients. Just last year, doctors' payments were cut by 5.4 percent; and if we allow them to be cut once again, this will be the fifth reduction since 1991 and would place doctors' reimbursements 8 percent below 2001 levels. It does not make any sense to be cutting payments to doctors when the